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ABSTRACT

Counseling survivors of sexual abuse requires acknowledgment of the legitimacy of the client's ego defenses while helping the client abandon those defenses which have become obstacles to leading a fulfilling life. Such defenses may also impede the therapeutic process, as survivors are less likely to trust other people. Clients can arrive at a meaningful understanding of their abuse histories, attain emotional peace, and develop healthy relationships with others. This lesson explains the rationale, format, goals and themes for a specific model of short term group work. It is designed to provide a safe environment for clients to disclose their histories of sexual abuse as well as to process negative emotional fallout. As the client progresses through therapy, she or he will require the counselor's assurance that experiencing pent-up emotions and confronting the reality of personal vulnerability does not entail a loss of control. Eight themes (one for each week) progressively take the group members on a journey of self-exploration that puts them in touch with their self-esteem, emotions, communication styles, and means for conflict resolution. All aspects of the group are described from goals to client selection to descriptions of weekly meetings to termination. Contains 26 references, a short list of recommending reading, and 4 multiple-choice questions. (JBJ)

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Directions in Mental Health Counseling

VOLUME 5 • LESSON 6

Short-Term Group Treatment for Survivors of Sexual Abuse: A Psychoeducational Approach

Nikki Thompson, MA, ATR/BC, and Salina Renninger, MA

Ms. Thompson is the coordinator and developer of short-term sexual abuse group programs for the Rape and Sexual Assault Center, Minneapolis, MN.

Ms. Renninger is a doctoral student in the Department of Educational Counseling and Student Personnel Psychology at the University of Minnesota, Minneapolis, MN.

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Editor's Note

Counseling any survivor of sexual abuse requires acknowledgment of the legitimacy of the client's ego defenses while helping the client abandon those defenses which have become obstacles to leading a fulfilling life. Such defenses also may impede the therapeutic process. The brutal violations associated with sexual trauma render survivors less likely to trust other people, including counselors—at least initially. Although clients often find the process of identifying and confronting the damage incurred from sexual abuse disorienting and painful, they *can* arrive at a meaningful understanding of their abuse histories so that they can attain emotional peace and develop healthy relationships with others. The authors propose that short-term sexual abuse group therapy facilitates such an understanding, enabling participants to overcome the insidious effects of sexual abuse.

This lesson explains the rationale, format, goals, and themes for a specific model of short-term group work—created by Nikki Thompson—that is used at the Rape and Sexual Assault Center in Minneapolis. Ms. Thompson's model is designed to provide a safe environment for clients to disclose their histories of sexual abuse as well as to process negative emotional fallout. Many clients in this population have retained a sense of self-determination and self-control by suppressing emotional responses to their traumatic experiences. As the client forges ahead through therapy, she or he will require the counselor's assurance that experiencing pent-up emotions and confronting the reality of personal vulnerability does not entail a loss of self-control. Eight themes (one for each week) progressively take the group members on a journey of self-exploration that puts them in touch with—and, more importantly, in control of—their self-esteem, emotions, communication styles, and means for conflict resolution. This is important for mitigating the unsettling extent to which sexual abuse survivors mentally and behaviorally isolate themselves from opportunities in their lives.

Learning about the experiences of other sexual abuse survivors gives group members a more objective perspective of their own problems, both by teaching them how to separate their self-concepts from the abuse traumata and by promoting a vigorous examination of the various components of their daily struggles. Thought patterns and behavioral modifications are brought to light in the treatment group, where they can be patiently and carefully discussed with greater facility and towards more corrective ends. The group dynamic discourages denial and eases the often poignant revelations of self-analysis by providing the means for developing healthy behaviors and a strong support network. Only then can survivors begin to resolve the issues that brought them to the group in the first place.

Introduction

Short-term group therapy is increasingly being recognized as an effective treatment method for survivors of sexual abuse. The approach **has earned praise primarily because of its clear time limits, which facilitate bonding among group members. In addition to allowing for the containment of emotionally charged material through the structure of the group** (Herman & Schatzow, 1984), **a psychoeducational approach provides support and enhances coping strategies for clients who have experienced trauma** (Ettin, Heiman, & Kopel, 1988). The client is able to focus on themes of healing from sexual abuse within the group (Herman & Schatzow, 1984), and group interaction addresses the survivor's interpersonal difficulties and assuages her or his feelings of isolation (Axelroth, 1991; Brandt, 1989; Bruckner & Johnson, 1987; Deighton & McPeek, 1985; Hall, Kassees, & Hoffman, 1986; Herman & Schatzow, 1984).

Group Model

The Rape and Sexual Assault Center (RSAC)—a subsidiary of the Neighborhood Involvement Program in Minneapolis—uses a time-limited therapy model with a psychoeducational component. Its structured group format fosters empowerment and personal choice. **Survivors of sexual abuse frequently report difficulty with abandonment, fear, and trust; they may exhibit a strong need to feel in control** (Courtois, 1988). **Group safety is enhanced by the counselor's consistent respect for personal boundaries and confidentiality, and the intensity of interactions among group members is managed by the structure of the group** (Roth & Newman, 1991). Rapid sharing of information in time-limited models enables clients to bond substantially in a short amount of time (Herman & Schatzow, 1984).

Goals are identified early in group development (Cole, 1985). **The group structure encourages members to enhance their awareness of personal behavioral patterns and to make alternative choices that support stated goals. Moreover, emphasis is placed on developing coping skills and strategies while providing validation and support**. Weekly homework assignments reinforce the content that is discussed in sessions; clients personalize what they have learned and respond with examples that reflect their own choices and experiences. Weekly themes resonate with the priority of healing from sexual abuse (Apolinsky & Wilcoxon, 1991; Bruckner & Johnson, 1987; Courtois, 1988; Hall, 1992; Ratner, 1990; Roth & Lebowitz, 1988).

Theories Behind the Group Design

Because the RSAC group combines elements of numerous theories of treatment, it is accurately described as eclectic. The psychoeducational component—based on the assumption that behavior is learned and can be modified through learning—incorporates **a blend of cognitive-behavioral and rational-emotive behavioral theories. The psychodynamic theory uses an underlying conceptual framework of personality development** (Courtois, 1988). **An expressive therapy approach helps clients connect the emotional/physical experience of the sexual abuse and its fallout with the intellectual/cognitive experience that tacitly accompanies it** (Wilson, DeVincentis, Irish, Renehan, Robbins, & Rose, 1986). **The process component is based on the empowerment model, Yalom's model** (1985), **and the client-centered model** (Apoplinsky & Wilcoxon, 1991).

Behavioral techniques with a psychoeducational component include **an active approach to treatment** (MacKenzie, 1990). The counselor may function as both teacher and role model for the client. The aim of this approach is twofold: **(1) enable the client to participate in the therapeutic process, and (2) encourage him or**

her to practice new behaviors within the group experience (Yalom, 1985). **Clients involve themselves in setting group goals and discussing homework assignments, and they are encouraged to experiment and apply their new behaviors both inside and outside of the group**. Indeed, counselors should encourage group members to practice new skills and behaviors within their support system.

The rational-emotive behavioral component is blended with a cognitive-behavioral approach, with the emphasis on *thinking*, *analyzing*, and *doing*. By incorporating these techniques, the RSAC group challenges clients to relinquish old behavioral patterns and thoughts that may have worked in the past but no longer yield beneficial results. Cognitive restructuring is undertaken, based on the assumption that cognitions, emotions, and behaviors interact significantly and have a reciprocal relationship.

Counseling techniques most consistent with the psychodynamic theory are geared toward increasing awareness, gaining intellectual insights into clients' behaviors, and recognizing symptoms that interfere with clients' happiness, healthy functioning, and ability to achieve stated goals. Clients are encouraged to explore their use of unconscious "defensive" styles of behaving that may have developed as a consequence of the abuse.

Although there are conceptual differences between psychodynamic and behavioral theories, the RSAC group uses these theories jointly. **Applying psychodynamic theory, clients understand the influence past experiences, unconscious material, and resistances contribute to their symptoms. This understanding helps clients enact change by focusing on current behaviors**.

The **expressive technique** most consistently used is the incorporation of visual experiences for group members, who are assigned homework that involves writing or drawing exercises that personalize their experiences. **Visual exercises, such as drawing, assist clients in arriving at an emotional understanding of their past experiences**. In concert with cognitive-behavioral techniques, these exercises facilitate a deeper sense of self and can lead group members toward avenues of positive change.

Goals and Rationale for Short–Term Group Therapy

An empowerment model constitutes a major component of short-term group therapy. By emphasizing clients' strengths, **counselors reframe coping behavior and help clients identify personal choices in their lives** (i.e., letting go of what they cannot change). **Clients are treated with acceptance and respect; it is important to nurture the client's basic sense that she or he is valued and believed**.

Goals for the RSAC group include:

- **To provide education, validation, and support via other survivors of sexual abuse**
- **To explore past sexual abuse and its effects on current life functioning and behavior**
- **To decrease isolation and increase self-esteem**
- **To increase ability to trust oneself and others**
- **To instill a sense of empowerment through the group process**
- **To decrease secrecy and shame about the abuse**

The most desired goal entails group members' attainment of a clear understanding of their feelings and behaviors as well as a greater confidence in their ability to cope effectively on their own (Roth & Newman, 1991). It is hoped that they will develop increased self-esteem as they complete their stated goals. Process goals include the validation of sharing mutual support and personal experiences (Ettin et al., 1988). **Because clients may not clearly present their reasons for wanting to join the group, facilitators should actively help clients interpret their symptoms and focus on specific behav-**

ioral changes through group participation.

At RSAC, **the rationale for the short-term sexual abuse group is based on dual needs: the client's need for education and support, and the agency's need to train new counselors**. Each year the Neighborhood Involvement Program and RSAC accept graduate interns working on advanced counseling degrees. The short-term group serves as an introduction to the use of groups for sexual abuse survivors.

Group Format

The RSAC group meets for **1½ hours each week for 8 weeks. Approximately half of this time is spent on education via lecture, visual aids, and group exercises. The other half of the time is spent processing the previous week's homework.** Depending on interest and participant involvement, the group may take more or less time to complete individual activities. As mentioned previously, the goal is to elicit interaction among group members and provide a safe, supportive atmosphere in which to share stories and experiment with new behaviors.

Because safety and group cohesion is important, group members must agree in advance to attend all group sessions (Douglas & Matson, 1989; Ettin et al., 1988). Clients occasionally may report a scheduling conflict that requires them to cancel; in such instances, group leaders should request that this be discussed within the group context. If a pattern of non-attendance develops and interferes with group dynamics and cohesion, a planned, premature termination of the absent member may represent the best option. This issue should be discussed by the group leaders and decisions should be made on a case-by-case basis. Of course, confidentiality is stressed as well. **Group cohesion is based on how safe clients feel with fellow group members. Poor boundaries sometimes are an issue for sexual abuse survivors, and it is imperative that facilitators model good boundary behavior with respect to time** (Courtois, 1988; Dolan, 1991). **Because the focus of the group centers around how the sexual abuse is currently affecting clients' lives, disclosure of the details of sexual abuse is not required**. Some clients may disclose their abuse history as it pertains to the themes explored. Emphasis and care is taken to support appropriate limit setting and pacing around abuse disclosures, thereby discouraging group members from sharing too much, too soon, and subsequently feeling shameful and revictimized.

Because of a limited staff at RSAC, **the women's groups are led by two female counselors and the male groups are led by a mixed-gender pair of counselors. There is considerable disagreement in the literature about the best type of cofacilitation pair**. For example, Cole (1985) speculated that including a male facilitator is beyond the need of a short-term group and that **the mere presence of a man revictimizes women**; and Isely (1992) maintained that male groups should be led only by male counselors. Some authors maintain that **a mixed pair is essential because it provides clients with a model of a healthy mutual dyad**. Male counselors may also experience an increased understanding of women's experience in society (Bruckner & Johnson, 1987; Deighton & McPeek, 1985; Douglas & Matson, 1989; Hall, 1992).

When admitting clients into the RSAC group, facilitators aim for seven members. Attrition rules run between zero to three clients per RSAC group. Optimal group size ranges from 5–7 members (Axelroth, 1991; Brandt, 1989; McBride & Emerson, 1989; Yalom, 1985). This provides each participant enough group time to interact with others and share personal material within the allotted time.

Client Selection

When selecting clients for short-term group therapy, the **two facilitators should meet together to interview each prospective group member** (Corey, 1990). This allows the client to meet both facilitators and provides an

opportunity to determine mutual compatibility.

Based on an active time-limited model, clients should have enough ego strength to sustain this type of therapy (MacKenzie, 1990). An initial, detailed intake appointment is required to assess individual client dynamics and the appropriateness of this group model. **An appropriate client for this type of group work is someone who was victimized in childhood or adulthood, is committed to attending the group regularly, is motivated to complete weekly homework assignments, communicates effectively, and functions fairly well in everyday life.** Persons with DSM-III-R Axis II diagnoses may be appropriate for this group if the chronic nature of their character disorder does not interfere with the primary group tasks. Our experience has shown that it is important to assess strengths and weaknesses carefully in order to derive a "blend" of clients who facilitate healing and personal growth.

An inappropriate client includes anyone who is paranoid, acutely psychotic, currently addicted to and using alcohol and/or other drugs, severely depressed, suicidal, undergoing an acute crisis, or who may be harmed by an active therapeutic approach. In most cases, a method of "deselection"—identifying clients who are inappropriate rather than appropriate—is easiest to adopt. Our criteria for client selection are supported by Apolinsky and Wilcoxon (1991), Brandt (1989), MacKenzie (1990), McBride and Emerson (1989), and Yalom (1985).

During the initial interview, **the group leader (or coleaders) should assess the quality of the client's interpersonal relationships, motivation to be in the group, verbal and nonverbal skills, chronicity of the client's problems (duration and degree), and a general capacity for insight**. If the client is currently in individual therapy, the group facilitators might benefit from a consultation with the client's therapist in which they can integrate group work with individual therapy (Herman & Schatzow, 1984).

Themes of Group Work

Each week the group has a different theme which is meant to build upon the preceding ones. **As group cohesion develops, the themes support the development of acquired skills that will help clients cope more effectively in their daily lives. The themes may seem applicable to several populations of clients seeking therapy; however, each lecture is couched in the context of sexual abuse**, and all major themes with which sexual abuse survivors struggle are explored.

WEEK 1—SELF-ESTEEM AND YOUR SUPPORT SYSTEM:

The initial meeting sets the stage for the sessions to follow. The counselors define the structure of the group, model sensitive behavior, and encourage interaction around appropriate themes. **Administrative tasks, confidentiality, and group rules are discussed.** An introductory visual exercise is used to facilitate introductions and group discussion.

Group leaders go on to explain how sexual abuse can cause isolation as well as how clients may perpetuate their isolation due to violations of their basic trust. Group discussion is elicited at various times during the lecture in an attempt to stimulate client rumination on the main topic of the first session—each participant's support system and its impact upon their self-esteem.

Self-esteem is approached as the learned process of liking oneself. Just as a person can adopt a negative self-concept from sexual abuse or other adverse developmental experiences, he or she can relearn self-appreciation. Through homework assignments, counselors ask clients **to identify their support systems, make positive statements about themselves, and list personal goals for their involvement in the group**.

The matter of **identifying one's support system is crucial** in the first week. In recommending that each participant assess his or her support system, counselors

must instruct each client to ask whether he or she feels safe in discussing sexual abuse issues with members of the support system. In essence, does the client assess other group members as trustworthy? Group members can begin to identify where they have support and how they can nurture one another as the group progresses (Herman & Schatzow, 1984). **Prudently identifying one's support network can increase one's sense of self-worth, provide hope for further healing, and reassure clients that support will continue when the group ends**(Dolan, 1991).

WEEK 2—LEARNING TO IDENTIFY FEELINGS:

The second week initiates the general format to be used in all subsequent meetings. The lecture focuses on how the body is connected to feelings and how to identify one's full range of emotions. **Counselors explain the differences between thinking and feeling**. It is important to impress upon clients that feelings are natural and not something to judge. This information is framed in the context of the damage to a person's natural responses to feelings caused by sexual abuse. **Two group exercises, (one verbal and one visual) are used to help clients understand the lecture. Clients are told to expect heightened emotional lability as they become more aware of their emotions and reactions to their environment**. The homework consists of asking clients to draw or write responses to a list of questions related to feelings.

Restriction of emotion is common among survivors of sexual abuse survivors (Courtois, 1988). **They may not always know how they feel or be able to identify what they are feeling, let alone express their emotions in a healthy manner** (Nestingen & Lewis, 1990). **Clients also may fear that any feelings they experience will be overwhelming** (Roth & Lebowitz, 1988). A focus on feelings early in the group allows clients to cope more effectively with the feelings they experience as they progress within the group.

WEEK 3—ANGER, RAGE, SHAME, AND GUILT:

During the third week, the leader elucidates the distinguishing characteristics among rage, anger, shame, and guilt. **It explores the dynamics of human behavior in response to anger and shame. Clients are asked to discuss examples from their own lives that demonstrate the relationship of behavior to anger and shame**. They also are asked how they think they might avert such feelings and any unproductive behaviors related to them. The homework for the week asks clients to explore how rage, anger, shame, and guilt relate to their personal experiences.

Deep-seated anger and intense shame are typical feelings of persons healing from sexual abuse (Courtois, 1988). **Anger can be directed at the self or others and can be quite destructive** (Roth & Lebowitz, 1988). Shame usually is described by survivors as "feeling like something is inherently wrong with me" (Courtois, 1988). **Focusing on these issues allows clients to understand their feelings more thoroughly and find ways to cope more effectively by interrupting behavior patterns rather than maintaining them**.

WEEK 4—BOUNDARIES AND DEFENSES:

Week 4 of the group entails an examination of the defenses that victims may use to cope with the trauma. Because many survivors of sexual abuse criticize themselves for the way they coped, **counselors must normalize the use of such defenses, common examples of which are denial, repression, dissociation, and minimization** (Courtois, 1988). **As clients heal, they can begin to disavow the defenses interfering with their attainment of the quality of life to which they aspire.** Personal choice is emphasized, and clients are asked to identify their coping and defense strategies as well as make **a conscious effort to recognize how defenses fit in with—and possibly may be thwarting—their current healing process.** The homework assignment asks clients to identify ways they protect themselves.

WEEK 5—SELF-TALK, STRESS REDUCTION, AND BODY AWARENESS:

In Week 5, group participants are taught how perceptions and thoughts about events affect people's emotional responses. The group leader tells a story to illustrate this, and a discussion follows to clarify and provide examples. **Self-talk consists of things we tell ourselves about how we feel. Examples of self-talk (positive and negative) are elicited from the group, thereby facilitating group discussion.** Information on affirmations and stress reduction is shared as well. The homework assignment asks clients to identify self-talk in their own lives and to reflect on how affirmations and stress reduction techniques might be useful.

Abuse survivors may perceive themselves in ways negatively influenced by the effects of past sexual abuse (Apolinsky & Wilcoxon, 1988; Dolan, 1991). Learning to use self-talk is a cognitive technique that can help group members restructure their belief systems (Courtois, 1988). For the group member who blames herself for the abuse, the group experience can be powerful; such members are pushed to see the dissonance between how they respond to the sexual abuse experiences of others and to personal abuse experiences.

WEEK 6—COMMUNICATION SKILLS:

The first part of the lecture in Week 6 **defines communication as the sending and receiving of signals or messages and explains how victimization damages communication skills.** Examples of the many ways in which people communicate (e.g., via words, sounds, facial expressions, and gestures) are provided. Input is elicited from the group about the communication patterns they employ most frequently. **Participants are encouraged to use "I" statements as a way to move away from "victim" vocabulary and to communicate more assertively.** Homework for this week instructs clients to examine how they communicate and how they would like to improve their communication skills.

Courtois (1988) maintained that a sexual abuse survivor's communication patterns usually parallel those of the family of origin. **Survivors of abuse often have learned poor styles of communication and retain the belief that they are ineffective communicators. Group members who have survived repeated sexual trauma have learned that their needs are not respected. Learning a more effective communication style can assist group members as they begin new relationships and attempt to change old relationship patterns** (Apolinsky & Wilcoxon, 1991).

WEEK 7—CONFLICTS AND PROBLEM-SOLVING TECHNIQUES:

The seventh week's lecture begins by asking clients to rate their responses to conflict on a short inventory. Group facilitators role play a situation with an identified conflict, and group participants identify what conflict patterns they notice. Steps for resolving conflict and a summary of how resolution can become muddled are provided. As always, input from the group is elicited during the discussion. The homework assignment allows clients to explore options for desired change in their own areas of personal conflict.

WEEK 8—INTEGRATING WHAT WE HAVE LEARNED:

During the final session, the usual lecture time is spent on closure activities to integrate the group experiences. **Counselors facilitate a conversation highlighting the personal goals and themes for each member and any improvement and growth that were noticed. Group members are reminded that recovery is an individual healing process, of which the group experience is only one part.** Facilitators provide feedback, referrals, and recommendations for additional treatment if necessary.

Group Termination

In the final session of the RSAC group, **clients review their initial goals and determine what they have integrated from the group and what issues still need to be addressed**. Referrals to groups in the community as well as information regarding options for individual therapy are provided. Depending on individual needs and goals, clients may terminate therapy completely, join another therapy group, join a community support group, or pursue healing through individual treatment. Axelroth (1991) noted that **time-limited groups have the potential to increase client anxiety and exacerbate any other existing psychopathologic symptomatology. Although this may be a positive impetus for change, it may be harmful for some clients who elect to discontinue all therapeutic or supportive treatment**.

Facilitation Skills

Several skills are necessary to facilitate a time-limited treatment group for survivors of sexual abuse. It is **essential that the facilitators have the ability to manage and model time through group structure and parameters** (Bloom, 1992). **Also, they must have the ability to be more directive at the beginning of the group and to let go gradually as the group establishes its own behavioral and procedural norms** (Hardy & Lewis, 1992).

Group facilitators must be able to deal with difficult clients in a group setting, maintain an awareness of the risks of the group, and take appropriate action when necessary. Because of the active approach in time-limited groups, difficult clients (e.g., those who lash out at other group members, monopolize time, or are inconsistent in attendance) must be addressed immediately within the group format (MacKenzie, 1990).

Group risks that the counselors should be aware of include clients either becoming overly anxious as a result of the feelings and/or memories elicited by the group, or experiencing intense anger or heightened emotional responses (Axelroth, 1991). If such symptoms are present, steps should be taken to assist clients in coping with these reactions. Clients can be refocused back to previous weeks' discussions and assignments in which they identified a workable plan for finding support, reducing stress, or dealing with heightened emotions. **Counselors should provide encouragement for clients who use their identified plan**.

As with any group experience, **therapists facilitating a short-term sexual abuse group must keep an open mind, accept clients for who they are, and believe in the healing power of groups. The cofacilitators must be able to communicate openly with one another both inside and outside the group therapy setting**. Group facilitators also may wish to discuss the theoretical premise of the group model and how this relates to their own therapeutic orientation, making adjustments as necessary. Cole (1985) acknowledged that short-term sexual abuse groups can be draining, and that facilitators may want to attempt to receive mutual support and discuss the group in supervision.

Male versus Female Treatment Groups

Bruckner and Johnson (1987) concluded that **"the counseling needs of men who were sexually abused as children are similar to those of their female counterparts"** (p. 86). However, they did note some differences between male and female group members:

- **Men expressed anger more than did women**
- **Women expressed more guilt and depression than did men**
- **Men seemed more "matter of fact" about disclosing sexual abuse, whereas women tended to become anxious when disclosing**
- **Men were more action oriented than women, and carried out their plans more quickly**

- **Women were more likely than men to bond outside the group**
- **Men seemed more eager to go public with their abuse and educate others about abuse dynamics**

Similar to Bruckner and Johnson (1987), we perceived **more similarities than differences** between men and women. **Male and female clients come to the group for the same reasons; i.e., problems with anger, flashbacks, concerns over sexuality, depression, substance abuse, and difficulty establishing and maintaining trusting relationships**. The differences seem to **reflect what is culturally typical in our society**. In our experience, women tend to **act inward** (crying and labile affect or no affect), to internalize knowledge gained in the group and become depressed, or to become angry because they had not learned the information shared in the group at an earlier age. Men tend to act outward (i.e., exhibit more need to control their environment within the group), have more sexual energy, externalize knowledge and become angry and rageful, and often report feeling relieved to learn the lecture information related to the weekly topics.

Conclusion

The RSAC group is but one example of a time-limited treatment group for sexual abuse survivors. It is based on a conglomeration of group work presented in the literature, both in the area of short-term group therapy and healing from sexual abuse. For many survivors of sexual abuse, it works well as an introduction to group therapy.

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QUESTIONS BASED ON THIS LESSON

21. According to the authors, three of the following statements about short-term sexual abuse treatment groups are correct. Which one is *incorrect*?

A. The highly structured time limits create a sense of urgency that will contribute to increased anxiety for all participants.

B. Group structures help to contain emotionally charged material.

C. This approach addresses the survivor's interpersonal difficulties and decreases his or her feelings of isolation.

D. Short-term group therapy is increasingly being recognized as an effective treatment method for sexual abuse victims.

22. Which of the following constitute RSAC group goals?

I. To decrease secrecy and shame about the abuse

II. To provide material means for escape from an abusive scenario

III. To decrease isolation and increase self-esteem

IV. To encourage clients to speak about the sexual abuse in explicit detail

A. I and III only

B. I, II, and III only

C. I, II, III, and IV

D. I, III, and IV only

23. In comparing male treatment groups with those for women, reseach indicates that:

A. Unlike men, women do not experience either shame or anxiety when disclosing their abuse experiences

B. Men and women express very similar levels of anger in group sessions

C. Men and women come to the group for many of the same reasons; i.e., problems with anger, sexuality concerns, and difficulties with trust

D. Women are less likely than men to bond outside of the group

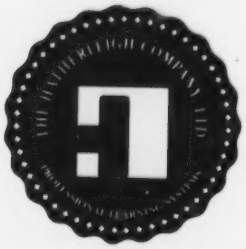
24. Which of the following statements is *false*?

A. Anyone who is currently addicted to and using alcohol and/or other drugs should be considered an inappropriate client for the type of group modality discussed in this lesson.

B. Group cohesion is based exclusively on the cofacilitators' ability to implement the psychoeducational approach.

C. During Week 6 of the RSAC group, participants are encouraged to use "I" statements, thereby avoiding "victim" vocabulary and facilitating a more assertive communication style.

D. Homework assignments in the 8-week group therapy involve writing or drawing exercises that assist in personalizing clients' experiences.



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